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AFFECATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO.
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	INTER	RVIEW SUMMARY	E MAILED: 4 Mary 1 of 15 may 1
All-participants (applicant, app	Dicent's representative PTO person	nel): -	A Committee Comm
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Type: Telephonic Per	rsonal (copy is given to applican	nt applicant's representative)	FRESTROMENTALL HAR TO COLUMN
Exhibit shown or demonstration	on conducted: Yes No If yes	s, brief description:	Application of the applications of the state
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A fuller description, if necessa ust be attached. Also, where tached.)	The copy of the amendments which t	if available, which the examiner agreed would render the claims allowable is a	would render the claims allowable allable, a summary thereof must be
nless the paragraph above ha S NOT WAIVED AND MUST II ction has are ready been filed UBSTANCE:OF THE INTERV	as been checked to indicate to the co NCLUDE THE SUBSTANCE OF THE , APPLICANT IS GIVEN ONE MONT	ontrary. A FORMAL WRITTEN RESPO E INTERVIEW. (See MPEP Section 7: TH FROM THIS INTERVIEW DATE TO	10 04\ 16 = =================================
rejections and requirents	response requirements of the last O	y attachments) reflects a complete res iffice action, and since the claims are n iffice action. Applicant is not relieved for	out ollowable, this assumble to the
Kaminer, Note: You must sign t	this form unless it is an attachment of	o another form.	